



LIGHTHOUSE CHRISTIAN DAYCARE

Phone: 301-777-7689 / Fax: 301-777-3497
Email: lcdc03@yahoo.com

Office Use Only

- 2 yr. old Class #1
- 2 yr. old Class #2
- 3 yr. old Class #1
- 3 yr. old Class #2
- 4 yr. old Class #1
- 4 yr. old Class #2

2024 - 2025 Fall RE-Enrollment Form

I. CURRENT STUDENT INFORMATION

Child's Name	DOB		Child's age as of Sept. 1st
		<input type="checkbox"/> Boy <input type="checkbox"/> Girl	
		<input type="checkbox"/> Boy <input type="checkbox"/> Girl	
		<input type="checkbox"/> Boy <input type="checkbox"/> Girl	
Child's Address (Street No., City, State & Zip)			
Parent/Guardian 1		Parent/Guardian 2	
Father's Name:		Name:	
Address: (if different from child's)		Address: (if different from child's)	
City:	State:	Zip:	City: State: Zip:
Cell Phone:		Cell Phone:	
Work Phone:		Work Phone:	
Email:		Email:	

II. SCHEDULE

Please check box beside the days scheduled. Also, please check which class your child will be attending next school year as well as estimated time arriving and leaving each day.

Day	Arrival/Departure
<input type="checkbox"/> Monday	
<input type="checkbox"/> Tuesday	
<input type="checkbox"/> Wednesday	
<input type="checkbox"/> Thursday	
<input type="checkbox"/> Friday	

Classroom
<input type="checkbox"/> 2 yr. olds
<input type="checkbox"/> 3 yr. olds
<input type="checkbox"/> 4 yr. olds

Office Use Only

- Bi-Weekly Monthly

- Registration/Deposit Rec'd
- Tour

• Please check one of the following:

- Preschool Only (8:30 a.m.-11:30 a.m.)
- Preschool thru Lunch (8:30 a.m.-12:30 p.m.)
- Full Day
- Wearing diapers or pull-ups

• Expected Start Date: _____

• Vacation Date (if known): _____ (Children must come 3 days or more to qualify and it is to be used when child is not in daycare for an entire week.)

III. FINANCIAL RESPONSIBILITIES

Fall Registration Fee**	Fall Book Fee** (effective Fall 2023)
A \$55.00 (non-refundable) full registration fee can be paid	2 yr. old class \$45.00
<u>OR</u>	3 yr. old class \$45.00
A \$25.00 (non-refundable) registration deposit can be made to secure your child's placement. The deposit is deducted from total registration fee.	Pre K-4 class \$75.00

Office Use Only:

Date: _____

Amt. Pd.: _____

Ck. # _____

Cash

R # _____

**The full Fall Registration Fees and Fall Book Fees must be paid by Friday, July 12, 2024.

Check box below all that apply:

- Registration Deposit(s) enclosed
- Registration Fee(s)
- Book Fee(s)

I hereby apply for re-enrollment for the above-mentioned student(s) for the upcoming school year. Parent or guardian responsible for payment must sign.

Signed: Father/Guardian _____ Date _____

Mother/Guardian _____ Date _____

Cathy Garthwait, Director

